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Experiences in Long-term Care Homes and Language Challenges in Ontario:

Perspectives of Francophone Seniors, Family
Caregivers, Frontline Care Providers, and Managers

SUMMARY REPORT

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SOME DEFINITIONS

The following definitions were taken verbatim from the documents cited and translated into English.

Long-term care home: A place for which a long-term care home licence has been issued under the *Fixing Long-Term Care Act*, 2021, including a municipal home, a joint home, or a First Nations home approved under Part IX of the Act (Gouvernement de l'Ontario, 2023, p.3).

Designation: Designation under the *French Language Services Act* is a legal and administrative procedure that allows health service providers to demonstrate that they have the capacity to provide services in French on an active and ongoing basis, while meeting the specific needs of the French-speaking population they serve. As a legal recognition, the designation is a seal of quality for French-language health services (Réseau des services de santé en français de l'Est de l'Ontario [RSSFE], 2024).

Active offer: Ontario's Ministry of Francophone Affairs defines the concept of "active offer" as all measures taken by government agencies to ensure that French-language services are clearly visible, easily accessible, and publicized, and that they are of equivalent quality to services offered in English. This includes all communications, such as signage, notices, social media, and any other information about services, as well as initial communications with Francophone clients. [...] The principles associated with the concept of "active offer" include identifying Francophone patients and providing information about local health services available in French. Given the capacity for French-language services, they also include the provision of health services in French to Francophone patients or recommendations enabling Francophone patients to obtain health services in French (Ministère de la Santé et des Soins de longue durée, 2017, p. 25).

The different categories of long-term care homes

CATEGORY 1: FRANCOPHONE-ORIENTED HOMES¹

A recognized *Francophone-oriented home* is one that is able to actively and permanently offer services in French. Generally, all employees of this organization who are in contact with residents speak French and are able to offer services in that language. In addition, such an organization is also able to offer a French-speaking living environment to its residents, which includes programming and activities in French. French-speaking residents who choose a Francophone long-term care home should, in theory, have priority access to it, unless there are pressing needs among other residents; this process is the same for other long-term care homes with a recognized religious or cultural focus (RSSFE, 2020a, p. 16).

CATEGORY 2: DESIGNATED HOMES

An organization that has obtained designation under Ontario's *French Language Services Act* meets the requirements established by the Ministry of Francophone Affairs. Designation is a legal and administrative procedure that currently has 34 requirements. [...] When designated for all of their services (full designation), these organizations ensure an active and ongoing offer of services in French. In the case of partial designation, only certain programs or services (in this case, certain units) are required to offer services in French (RSSFE, 2020a, pp. 16–17).

CATEGORY 3: IDENTIFIED HOMES

Identified service providers are required to work toward obtaining their designation under the *French Language Services Act*. They are expected to eventually (and within a reasonable time frame, normally three years) submit a designation plan following their identification. The identification process itself is not

¹ Historically, this type of recognition was granted by the authorities responsible for local health service planning, independently of the *French Language Services Act*, according to criteria that were never clearly established (RSSFE, 2020a).

specified in the *French Language Services Act*. However, health services planning authorities, following analyses of local capacity and on the recommendation of stakeholders working in the French-language health services sector, use the identification of organizations to improve access to French-language services. The organizations identified are in the process of developing their French-language service capacity. They must analyze their resources and put in place mechanisms to enable them to offer services in French. It should be noted that these services are not guaranteed at any time. However, the identified organizations often have some capacity to provide French-language services within their human resources, at least in the Champlain region (RSSFE, 2020a, p. 17).

CATEGORY 4: UNIDENTIFIED HOMES

Unidentified organizations are under no obligation to offer services in French. However, as with identified organizations, it is still possible that they have some capacity to provide services in French. These organizations still have a responsibility to implement a strategy to meet the needs of their French-speaking residents, where applicable. These plans may include partnerships or the use of interpreters (RSSFE, 2020a, pp. 17–18).

SUMMARY REPORT

This study was the subject of a detailed research report, the main elements of which are presented in this summary report².

CONTEXT

- Approximately 21% of the Franco-Ontarian population is aged 65 and over, representing nearly 123,600 people (Statistics Canada, 2023).
- In Ontario, the proportion of Francophones aged 75 and over is slightly higher than that of Anglophones in the same age group, except in the Southwest region. The proportion of seniors living in rural areas is significantly higher among Francophones than among Anglophones (Batista *et al.*, 2024).
- The aging of the French-speaking population requires adequate planning for long-term services, both for home care and for residential resources for individuals whose functional status no longer allows for living at home.
- However, these services are not always offered in the preferred language of the care recipients, and language discordance between healthcare professionals and recipients can have negative consequences on the quality and safety of care (Bowen, 2015; de Moissac and Bowen, 2019).
- In 2018-2019, there were nearly 600 long-term care (LTC) homes in Ontario. Of these, only 3% were designated (required to offer services in French), 6% were identified (in the process of being designated), while 92% were neither designated nor identified (no obligation to offer services in French) (RSSFE, 2020b).
- This study is part of a three-and-a-half-year research project (2021-2025) whose main objective was to better understand: a) the availability of services in French, b) access to these services, and c) the impact of language barriers on the health, well-being, quality, and safety of care provided to Francophone seniors.

OBJECTIVES

- This study aims to understand the experience of institutional care and the impact of language barriers in the long-term care sector, based on the perspectives of managers, frontline care providers, residents, and their family caregivers.
- It also seeks to explore variations in the provision of French-language services based on the linguistic status of the LTC homes, whether they are Francophone-oriented, designated, identified, or unidentified.

² This detailed research report is available in French only at: https://www.grefops.ca/uploads/7/4/7/3/7473881/rapport_soins_longue_duree.pdf

METHOD

- A qualitative methodological approach was chosen.
- A total of 50 semi-structured interviews were conducted between January 2023 and June 2024 with four groups of participants: managers, frontline care providers, residents and their family caregivers, and key contacts from French-language Health Planning Entities (FLHPEs).
- The geographic distribution of LTC homes across Ontario's six new health regions was taken into account, and a purposive sampling approach was adopted.
- Participants were recruited in collaboration with the FLHPEs. LTC homes that had accommodated French-speaking residents in the five years prior to the study were contacted by the FLHPEs to inform them about the study, and then by the research team to invite them to participate. Administrators from 109 homes, identified from the French Language Health Services Database, were contacted by email. Those who agreed to participate in the study were also invited to forward the invitation to their staff, residents and family caregivers.
- Advertisements in social media, websites, e-newsletters, and French-language newspapers, as well as word of mouth, were also used to recruit frontline care providers, residents, and family caregivers.
- A thematic analysis was conducted based on the narrative data collected in order to identify recurring themes, emerging themes, and the links between them.
- The analysis considered the presence or absence of these themes and the trends emerging from the respondents' comments, according to the four categories of LTC homes (Francophone-oriented, designated, identified, and unidentified).
- The project was approved by the University of Ottawa's Research Ethics Board (REB) on July 23, 2022 (protocol number: S-06-22-8102).

RESULTS³

PART 1. GENERAL AND LINGUISTIC CHARACTERISTICS OF LONG-TERM CARE HOME

- Participants shared their experiences in 21 different LTC homes.
- Of these homes, six were designated, five were identified, nine were unidentified, and one was a Francophone-oriented home.
- The Francophone-oriented facility was located in the Eastern region.
- Designated LTC homes were in the West (n=1), Toronto (n=1), East (n=2), and Northeast (N=2) regions.
- Identified LTC homes in the West (n=1), Central (n=1), East (n=1) and Northeast (n=2) regions.
- Unidentified LTC homes in the West (n=3), Central (n=2), and East (n=4) regions.

Size of homes and beds for French-speaking residents

- The largest facility represented in this study had 350 beds, while the smallest had 25.
- The presence of French-speaking residents varied considerably from one facility to another.
 - For example, in an unidentified LTC home with 350 beds, approximately 17 beds were occupied by French-speaking residents.
 - In the Toronto area, a 302-bed residence had 37 designated beds to meet the needs of Francophones, but only 15 to 17 of these beds were occupied by French-speaking residents at the time of the interviews.
 - Among the designated LTC homes, a 165-bed facility had nearly 99% of French-speaking residents.
 - In the Northeast region, the smallest of the designated LTC homes (25 beds) mainly accommodated French-speaking seniors.

Predominant language in the LTC homes

- In Francophone-oriented and designated LTC homes, French is the language most commonly used, although this may be limited to a designated unit. However, in some designated LTC homes, care providers have noted a difference between the language most often spoken among residents (French) and the language most often spoken by staff (English).

3 These abbreviations are used to identify participants' quotes:

M	Manager	FOH	Francophone-oriented Home
CP	Care provider	D	Designated home
CPV	Care provider—Volunteer	Id	Identified home
R	Resident	NI	Unidentified home
FC	Family caregiver	Transl.	Translated from French
KC	Key contact		

- Conversely, English dominates in both identified and unidentified LTC homes. French is also spoken, as well as other non-official languages, such as Mandarin, Spanish, Italian, Portuguese, Greek, and Arabic. When there are several French-speaking residents, they tend to group together.
- In the past, certain regions had a large French-speaking population, which was reflected in the composition of LTC home residents. Currently, population movements from neighbouring counties could help reverse the downward trend in the number of French-speaking seniors in certain LTC homes, providing stability or demographic growth.

Francophone staff in LTC homes

- The availability of French-speaking or bilingual staff varies considerably from one facility to another, and even within the same facility, depending on work schedules.
- The number of bilingual employees tends to decrease during the night and on weekends, which can affect the continuity of French-language services.
- Designated and identified LTC homes located in regions with a high concentration of French speakers, particularly in northern and eastern Ontario, benefit from a larger local pool of bilingual staff.

PART 2. THE MANAGERS' PERSPECTIVE

Profile of managers interviewed

- A total of 12 managers working in FSLDs were interviewed for this study, 11 of whom were women.
- These managers worked in different types of LTC homes: one Francophone-oriented home, three designated homes, three identified homes, and five unidentified homes.
- The majority of respondents held senior management positions (administrators) or care management positions.
- The manager with the most seniority had been in her position at the same facility for 12 years, while seven had between 2 and 10 years of seniority and three had been in their positions for just over a year and a half.
- Most managers had previous experience in long-term care, community care, or continuing care. In a few cases, their professional background was in other fields, such as banking or marketing.
- Their responsibilities included overseeing daily operations, managing human resources (some homes have more than 250 employees), managing budgets, coordinating programs and services, and liaising with residents and their caregivers.
- Of the 12 managers, five responded to the interview in French (from a Francophone-oriented home, two designated homes, one identified home, and one unidentified home), while seven responded in English (from two identified homes, four unidentified homes, and one designated home).

Theme 1. Managers' interaction with residents

- Most managers have their offices within the facilities themselves, which encourages daily contact with residents.
- Their "open door" policy, combined with regular rounds in common areas (hallways, dining rooms, elevators), allows for informal encounters with residents. Managers also participate in events, celebrations, and meetings where residents are present.
- Managers also interact with the clientele through their participation in committees representing residents and their families.
- These interactions are relatively similar in all categories of LTC homes. However, some managers mentioned difficulties interacting with French-speaking residents due to limited French language skills.

Theme 2. Provision of French-language services in their home

IDENTIFICATION OF FRENCH-SPEAKING RESIDENTS

- Residents are generally identified as French-speaking based on the information contained in their clinical file, which is sent to the LTC home by Home and Community Care Support Services.
- Language preferences are discussed in greater detail at the time of admission, as they directly influence the development of the care plan.

« So, it tells us exactly what languages they speak. So, none of them say just French. Most of them speak English and French. But, yeah, that's not to say that they wouldn't prefer to be talked to in French. (M-9, Id)

Now, we can do a better job when residents move into our homes, to fully understand what someone's mother tongue might be. [...] We really shouldn't be guessing. (M-5, NI) »

- Some managers and care providers report gaps in the linguistic information available. The files sent to the homes for incoming residents often only include the languages spoken by residents, without specifying key elements such as their preferred language, mother tongue, or current proficiency in the official languages.
- For residents with neurocognitive disorders, the ability to express themselves in a second language may be affected, which reinforces the importance of knowing their first language.
- More comprehensive and systematic identification of spoken and preferred languages could facilitate the implementation of the active offer of French-language services for residents who wish to receive services in that language.

MANAGERS' PERCEPTIONS OF LANGUAGE OF SERVICES IN THE CONTEXT OF LONG-TERM CARE

- Nine of the 12 managers interviewed, from all types of LTC homes, emphasized the importance of language in the context of long-term care. They highlighted the frequent phenomenon of a return to the mother tongue among seniors experiencing cognitive decline.
- The ability for residents to communicate in their preferred language is seen as an essential factor in reducing medical errors, improving the quality of care, and promoting overall well-being.
- Several managers also emphasized that communicating in the language chosen by the resident at the end of life helps to create a sense of calm and serenity.

« And then, especially when we have patients who have a little dementia, who are not sure where they are, hearing something in their language gives them such a sense of... It's a sense of confidence and peace. (M-4, D, Transl.) »

PROVISION OF FRENCH-LANGUAGE SERVICES

French-language services are widely available in the Francophone-oriented and designated homes. In identified homes, these services remain partial, often limited to certain services or times of the day, and dependent on the presence of bilingual staff. Finally, in non-identified homes, the situation varies: some offer services in French on an occasional basis, while others do not offer any, due to a lack of bilingual human resources or recognition of the need.

Designated and Francophone-oriented LTC homes

- LTC homes belonging to these two categories offer most or all of their services in French, through the presence of a large proportion of bilingual or French-speaking staff.
- However, in the context of staff shortages, some services and programs may not be available in French, particularly in LTC homes where only one sector is designated.

« All of our staff on the Pavillon are bilingual. I shouldn't say all. The majority of the staff on the Pavillon are bilingual because obviously, as I'm sure you know, there's the health human resource crisis right now. So, we're also finding it very challenging to staff the Pavillon with bilingual staff. (M-12, D) »

- Special attention is paid to offer religious and leisure activities in French, which promotes socialization among French-speaking seniors. Socialization is also encouraged in common areas and during meals. For example, French speakers can be seated at the same table if they wish.
- Small designated homes are often described as having a more family-like organizational culture where relationships between residents and staff are closer, compared to larger facilities with only one designated wing.
- Although bilingualism is not always a strict recruitment criterion, it is valued in the selection of staff.
- The active offer of services in French is also reflected in bilingual policies and procedures (French and English), bulletin board postings, and internal communications.
- Bilingual volunteers are actively sought in these homes, and the activities of the resident councils and family councils are conducted in both official languages, except in the Francophone-oriented home, where they are conducted solely in French.

Identified LTC homes

- In identified LTC homes, French-language services are generally limited and vary depending on the human resources available.
- These homes often rely on the presence of a few French-speaking or bilingual workers, as well as staff members who speak languages other than the official languages.
- Volunteers play an important supporting role in assisting Francophone residents with certain activities.
- When recruiting care providers, French language skills are not a priority. Professional experience and references are generally considered more important.
- In some LTC homes, measures have been put in place to identify bilingual staff, such as boards displaying the language skills of the staff on duty.
- Other efforts to better welcome and serve French-speaking residents include bilingual signage, bilingual activity boards, and the celebration of cultural events such as Franco-Ontarian Day.
- In all of the identified LCT homes represented in this study, Resident Council and Family Council meetings are held in English only.

« We have several staff who do speak French, and just as we have right now, it's probably similar to just as we have several staff who would speak Portuguese because we have a Portuguese population, and we would have several staff who speak Spanish. So, we do have French that are staff and we do continually look for that. (M-1, Id) »

- Recreational activities and spiritual support are also offered primarily, if not exclusively, in English.
- When it is impossible to assign a bilingual caregiver to a resident with limited English proficiency, unilingual staff occasionally use translation apps available on an iPad or informal interpreters (staff members or family members).

Unidentified LTC homes

- Of the five unidentified LTC homes, three managers indicated that they do not offer services in French, and two reported that they offer these services partially.
- Some staff members at these homes are bilingual, particularly among the younger ones who have attended immersion schools.
- Some managers have expressed their desire to improve French-language services and report making sustained efforts to recruit bilingual staff, despite labour market challenges.
- Some do not see the need for French-language services, arguing that French speakers are generally able to communicate in English. In these homes, even if some staff members are bilingual, pairing measures with French-speaking residents are not implemented despite their potential to improve the care experience for the latter.



There's no consideration right now specifically towards, because their communication is maintained as they're able to speak English, and they respond in English, we speak English. Many of our staff will attempt to speak French to them when they're able, but it's only by coincidence basis. (M-6, NI)



Theme 3. Language challenges, critical incidents, and adaptative strategies

COMMUNICATION CHALLENGES AND CRITICAL INCIDENTS

Few communication challenges and even fewer critical incidents were reported by managers of the 12 homes, regardless of their linguistic status. However, given the sensitivity of the subject, it is possible that some respondents did not wish to elaborate on the issue or provide concrete examples.

Francophone-oriented and designated LTC homes

- The four LTC homes in this category reported no critical incidents, which they attribute to the presence of bilingual staff and in-depth knowledge of residents.
- However, several persistent challenges have been identified: bilingual staff are not always assigned to care for French-speaking residents or are not available at all times. Despite a policy of working in pairs to prevent unilingual English-speaking staff from being alone with French-speaking residents, certain problematic situations can nevertheless arise.
- Difficulties related to the diversity of accents and the fluidity of spoken French were also mentioned, which can affect the quality of communication.

Identified LTC homes

- The main communication challenge raised by managers of identified LTC homes concerns communication with Francophone seniors whose cognitive decline is progressing, which tends to reduce their ability to express themselves in a second language.

Unidentified LTC homes

- Managers report few critical incidents, explaining the limited occurrence of communication challenges by the fact that the few French-speaking residents are often bilingual.
- Nevertheless, as in the identified homes, some mentioned the challenge that arises when a person's bilingual abilities at the time of admission are diminished by cognitive decline.

STRATEGIES FOR OVERCOMING COMMUNICATION CHALLENGES IN A HEALTHCARE SETTING

- The following strategies are common to all types of LTC homes in order to meet the language needs of residents who speak French:
 - working in pairs (pairing a bilingual employee with a unilingual English-speaking colleague);
 - the use of two-way translation technologies and translation applications (e.g., Google Translate or other digital tools to facilitate real-time communication);
 - the mobilization of bilingual staff in situations requiring the use of French, particularly in sensitive or urgent contexts.

« The way we work at the home is that we never place only unilingual English workers together. Often, they work in pairs... (M-8, D, Transl.) »

- Unidentified LTC homes, faced with a greater scarcity of bilingual human resources, make greater use of the following:
 - participation of families and informal caregivers to provide interpretation;
 - visual aids (posters, pictograms, multilingual materials) to support communication;
 - technological translation tools; medical terminology dictionaries or bilingual guides for staff;
 - professional interpretation services, which are preferred for sensitive exchanges such as palliative care, clinical announcements, or end-of-life decisions, as these services minimize the risk of misunderstandings or misinterpretations.

« We usually rely on the family for support and translation. That's how we kind of try to accommodate that part. [...] In moments where that hasn't been possible, we occasionally relied on online services for translation, like Google Translate. (M-2, NI) »

Theme 4. Improving French-language services

AREAS FOR IMPROVEMENT

In general, managers recognize that additional efforts can be made to improve the availability and quality of French-language services in LTC homes, regardless of their linguistic status. Among the areas for improvement frequently mentioned are targeted recruitment (hiring French-speaking or bilingual staff, soliciting French-speaking volunteers); strengthening French-language activities (recreational, cultural, and spiritual); access to information (administrative, clinical, and informational documents in French); and developing staff French language skills.

Francophone-oriented and designated LTC homes

- Even in homes that already offer a wide range of services in French, managers recognize that there is room for improvement in the quality and consistency of French-language services. The recruitment of bilingual or French-speaking staff could be expanded to include service providers such as hairdressers and pedicurists, who play a significant role in the daily lives of residents.
- According to some managers, greater coordination between homes and increased collaboration with French-language postsecondary institutions would be beneficial. Among other things, these agreements would enable training to be provided directly in the homes for personal support worker (PSW) programs or nursing consolidation clinical placements. This would facilitate the hiring of French-speaking staff at the end of the training program.
- Other suggestions comprise integrating active offer training into professional development plans, and implementing language enhancement modules, including some that incorporate training on French medical terminology.
- Finally, the participation of families in the life of the home reminds managers of the importance of maintaining and continually enriching French-language services.

« ...offer more potential practicums for Francophones in the region. Instead of them going to work in Toronto, well, I prefer to keep them in the region and offer them practicums right here. (M-8, D, transl.) »

Identified LTC homes

- The managers of the identified LTC homes expressed a desire to improve their French-language services.
- One manager planned to take advantage of an increase in their capacity to implement more structured French-language services, including designating a certain number of beds in a specific area of the facility. However, she raised concerns about the challenges of recruiting bilingual staff to support this expansion.
- The manager of a second home reported that concrete measures had already been put in place to meet the various requirements of the designation, such as holding bilingual meetings and translating their website and the documentation provided to residents.
- However, the manager of a third home reported slower progress, as she had not yet implemented additional initiatives to potentially meet the designation requirements expected of them. However, she had set up a French-language services committee to guide them through this process and had included questions about French-language services in the resident satisfaction survey.

Unidentified LTC homes

- Among the five unidentified institutions, the administrators of three of them linked the improvement of their French-language services to a possible identification process and, eventually, the official designation of their institution.
- One of these LTC homes was participating in a pilot project to open a designated unit, while the other was considering the possibility of becoming designated. Both managers emphasized the importance of greater visibility for these initiatives in order to attract French-speaking residents.

« We understand that there are many French-speaking families and individuals that are living in our area, and we also understand that there is not even one long-term care in our area which is able to provide French-language services. So, now we do have French-speaking long-term care homes in an hour or so away from [name of the city], [...] You shouldn't be having to move further away from home in order to get service in an official language. That is very important to us to support that. (M-5, NI) »

- However, the managers of two other homes remained cautious about the idea of taking such a step. One home already has a unit for residents of Chinese origin, which complicates the addition of another cultural section. The other facility, managed by a non-profit organization, emphasized the impossibility of covering the costs associated with obtaining a designation status.

FACTORS LIMITING THE IMPROVEMENT OF FRENCH-LANGUAGE SERVICES

All types of LTC homes

- The main obstacle encountered in all categories of LTC homes remains the recruitment and retention of French-speaking or bilingual staff, in a context of a generalized shortage of long-term care workers. This challenge directly compromises the ability of LTC homes to provide continuous, high-quality services in French.

Francophone-oriented and designated LTC homes

Even for designated institutions, recruiting bilingual and French-speaking staff remains a major challenge. As a result:

- Many managers turn to private staffing agencies that do not always adequately meet the demand for bilingual staff.
- Some managers rely on targeted immigration to meet their needs, particularly in regulated professions.
- These managers emphasize that the lack of financial recognition for language skills limits the retention of bilingual staff.

Other factors limit the improvement of French-language services, including:

- Restricted access to French-speaking beds: managers report that the general shortage of long-term care beds, combined with recent legislative changes, makes it difficult for Francophones to access the beds that are intended for them.
- Slow translations by government resources: The delay in translations by Ontario Health or FLHPEs sometimes forces homes to bear the costs and work of translation themselves.
- Limited resources to maintain designation: The administrative management of designation requires time and resources that are not always available.

« So, with the recent changes in the provincial legislation, even if you have designated, culturally or linguistically designated beds in long-term care homes, priority is given to crisis applications from hospital. (M-12, D) »

Identified LTC homes

- These centres face several obstacles, including a shortage of bilingual staff and a lack of resources to structure French-language services.
- The lack of skilled, bilingual workers remains a major obstacle to progress toward designation.
- Several managers would like to develop an internal policy on French-language services, but report a lack of resources to do so effectively.

Unidentified LTC homes

- Unidentified LTC homes are not required to provide services in French; their provision therefore depends entirely on the willingness of their administration.
- Some managers point out the difficulty of recruiting qualified staff, particularly nurses, due to wage competition from hospitals.
- Other obstacles include the lack of software and computer tools available in French.
- Finally, although some managers of unidentified LTC homes view identification positively, they express concerns about the costs associated with this process.

PART 3. THE PERSPECTIVE OF FRONTLINE CARE PROVIDERS

Profile of the care providers interviewed

Sixteen (16) care providers were interviewed as part of this study. Among them, 12 were employees of an LTC home and 4 were volunteers. The volunteers had experience in the healthcare field.

- Demographic profile: 6 were men and 10 were women. Among them, 3 were immigrants whose mother tongue was French.
- Professional profile: The respondents' fields of training included social work, activity programming or recreation studies, personal support services, nursing, rehabilitation, and psychogeriatrics. The majority of respondents held positions related to recreation, admissions and case management, personal support services, or resident council support. There was also a nurse and a rehabilitation assistant who provided nursing and therapeutic care to residents. The majority of them had work experience in long-term care before taking up the position they held at the time of the interview.
- Language profile and distribution by type of home: 12 bilingual care providers, 9 of whom were active in a designated home and 3 in an identified home; 4 English-speaking care providers with limited French skills who were involved in a designated home and three unidentified homes. In designated homes, a high proportion of care providers have a good command of French, which is usually a condition of employment. In identified homes, being bilingual contributed to the recruitment of the care provider.

Theme 1. Knowledge of the linguistic status of their home

- The majority of respondents were unaware of the language status (designated, identified, or unidentified) of their home.
- Respondents working in a designated home were generally aware of the legal obligation to provide services in French, although their level of knowledge varied.

Theme 2. Provision of French-language services in their home

IDENTIFICATION OF FRANCOPHONE RESIDENTS

- All homes, regardless of their language status, receive information about the language preferences of residents prior to admission.
- This information is included in their file, which is usually completed by Home and Community Care Support Services, a hospital, or a family doctor.
- Although the system allows linguistic information to be collected adequately in principle, there are still some gaps. As a result, some French-speaking individuals are not referred to a designated or identified LTC home. Families also play an important role in choosing a home; while some consider the availability of services in French, others prioritize geographical proximity to the home, even if this means services are offered only in English.



And coordinators, when the document is filled out, I've seen several of these documents that make no mention that the person is Francophone and would benefit from being in a Francophone long-term care home, and they don't promote... (CPV-11, D, Transl.)



- Furthermore, the prioritization of emergency admissions, as provided for in the *2022 More Beds and Better Care Act*, may disadvantage Francophone residents by forcing them to accept a place in a facility that does not adequately meet their language needs.

CARE PROVIDERS' PERCEPTIONS OF THE LANGUAGE OF SERVICES IN THE CONTEXT OF LONG-TERM CARE

- All respondents, regardless of the linguistic status of their home, emphasized the importance of offering services in the residents' preferred language.
- Care providers are aware of the possibility of gradual loss of the second language, which is common among people with neurocognitive disorders, as well as the impact this can have on communication and quality of care.
- For them, communicating in the resident's preferred language facilitates the development of a more personalized care plan, the scheduling of appropriate activities, and the provision of respectful intimate care.
- Language is also seen as an essential vehicle for sociability, helping to maintain social ties between residents.

« ...they listen better if you can speak in their own language. It's a bonus. It's something that you can't even explain it. (CP-4, Id)

It can be hard to provide that care with a language barrier in the middle of it. Especially for this population, because a lot of the work is quite intimate. So, residents will need to understand what you're doing, and a lot of the time that is walking them through it, and telling them what you're doing as you're doing it, and if there's a misunderstanding [...], then that can make that difficult. (CP-9, NI)



SERVICES OFFERED IN FRENCH AND PRACTICES IN PLACE IN THEIR HOMES

The care providers expressed points of agreement with managers regarding certain measures implemented in their homes.

Designated LTC homes

- These homes generally offer French-language services in a structured manner. When these services are not available at all times, organizational strategies are put in place.
- These homes hire a greater number of bilingual workers compared to identified or unidentified LTC homes.
- However, unilingual English-speaking staff or staff with limited French language skills may also work there. Many of them will try to acquire some basic French.
- The documentation provided to residents is often in English, except for the admission form, which is available in French.

« We see people, and I find their efforts commendable, because sometimes they are native English speakers, and sometimes the only French they know is what they learned in high school. But they make an effort. "Voulez-vous un jus?" When it's snack time. "Êtes-vous bien?" It's time to move: "On s'en va maintenant à la salle à dîner." (CPV-7, D, Transl.)



- The Francophone cultural perspective is integrated, particularly in activities and the menu (which offers French-Canadian dishes).
- Bilingual staff are mainly found in admissions, personal support services, and recreation or leisure activities, although this may vary. In particular, in homes where only one unit is designated, recreational activities in French seemed to be less common.

Identified LTC homes

- There are fewer bilingual staff members than in designated homes.
- Language pairing strategies are used: working in pairs (bilingual/non-bilingual) or in linguistically complementary teams, assigning French-speaking or bilingual volunteers or practicum students to French-speaking residents.
- Bilingual staff are called upon to serve as interpreters on occasion.

« And it helps the psychiatrist because sometimes we see patients, and she doesn't know what the patient is saying because they've forgotten English. They now only speak French. So I act as an interpreter. The psychiatrist is English-speaking. (CP-16, Id, Transl.) »

- The availability of French-speaking cultural activities and French-Canadian menus varies depending on the capacity of the LTC home and the size of the French-speaking resident population.

Unidentified LTC homes

- These homes are under no obligation to offer services in French. Some staff members may communicate with residents in French, but their presence is not usually planned in a structured manner. Activities and programs are generally conducted in English.
- Some care providers recognize that residents experiencing cognitive decline may revert to their mother tongue. They will try to speak to these residents in their native language despite their own limited abilities.

All homes, regardless of their status, are stepping up their efforts to offer services in French when residents have neurocognitive disorders.

ORGANIZATIONAL FACTORS LIMITING THE PROVISION OF SERVICES IN FRENCH

Despite these efforts, several challenges hinder the implementation of active offer and consistent French-language services in all types of homes:

- Shortage of bilingual staff: The lack of human resources capable of speaking French fluently is a major obstacle to the continuous provision of services in this language.
- Lack of time allocated to staff: Even when bilingual staff are in place, heavy workloads limit opportunities for active listening, and in-depth communication with French-speaking residents.
- Limited access to French-language tools: Administrative forms, educational documents, software, and other support resources are often only available in English, thereby complicating the delivery of linguistically appropriate services.



Unfortunately, nurses aren't really there to have friendly conversations [with French-speaking residents]. They're there to provide care. They can't stay with them for a few minutes and talk. [...] I visit them individually. [...] Sometimes they have a lot to talk about. Usually, we just talk, but they like that. Most of them haven't spoken French in a long time, so they enjoy it.. (CPV-15, D, Transl.)



RESOURCES AND PRACTICES USED BY CARE PROVIDERS TO FACILITATE COMMUNICATION WITH FRENCH-SPEAKING RESIDENTS

Whether they work in designated, identified, or unidentified homes, care providers deploy a variety of personal strategies and mobilize various resources to better meet the needs of French-speaking residents.

- Language training and continuing development: Several respondents seek to develop their French language skills through formal training or by taking advantage of the French-speaking environment in their homes. Some mention the support of residents who sometimes help them find the right word.
- Informal interpreters: Staff members who are not bilingual most often turn to colleagues (staff members or volunteers) who are fluent in both languages or to residents' family members to help them communicate with residents who do not fully understand English conversations.



If they don't understand him, they'll try and find a francophone like me, and I will go on the second unit or third unit and I will speak to this gentleman or this lady in French... (CP-4, Id)



- Applications, software, and new technologies: Some respondents use digital tools (e.g., translation applications) to overcome communication difficulties.
- Presence of French-speaking school, co-op and practicum students: Their participation helps enrich the French-speaking environment and fosters intergenerational connections.
- Language champions: In some workplaces, it has been noted that some staff members actively advocate for French-language services and support their colleagues.
- Use of flash cards: These are cards with a keyword written in both languages and a picture or drawing that represents the message that the non-bilingual care provider wants to convey to the residents.



Something that they also have done is [...] cue cards so that the resident, like with let's say basic needs, I'm hungry, [...] things like that, where they're able to see it in their own language, and it's transcribed in English for staff to see. (CP-5, NI)



- Display of daily routines: Families are invited to describe the resident's routine activities, as well as food and recreational activity preferences. A few words reflecting these activities are displayed in the resident's room in both official languages to provide English-speaking staff with some guidance for communicating more easily with French-speaking residents.
- Guides and books: Professionals who offer training in LTC homes highlight the importance of having training materials in French and the need to take several steps to obtain them.

Theme 3. Language challenges, critical incidents, and adaptative strategies

Of the 16 respondents interviewed, few mentioned critical incidents, although all encountered language challenges in their work in long-term care homes.

Designated LTC homes

- French-speaking residents encounter language barriers when accessing external services (e.g., dental care). In such cases, the home can mobilize bilingual staff to provide interpretation.
- In one designated home, a gradual decline in French-language services has been observed, attributed to staff turnover, a shortage of French-speaking staff, or their assignment to other services.
- Some care providers also reported a decrease in the use of resources related to active offer in French, particularly due to competing priorities since the COVID-19 pandemic.

Identified LTC homes

- Although the staff at these LTC homes generally make an effort to communicate with French-speaking residents, one care provider pointed out that the high rate of bilingualism among the clientele can hinder the perception of a need.

Unidentified LTC homes

- The critical incidents reported in these homes mainly concerned situations where residents spoke neither French nor English, had neurocognitive disorders, or had both of these characteristics.
- One participant pointed out that, in the absence of bilingual staff, forms relating to residents sometimes have to be filled out the following day.
- One care provider highlighted the risk of isolation for French-speaking residents who find themselves in a non-Francophone environment.

In general, in all types of homes, language barriers cause negative emotions such as stress, anxiety, and frustration for both care providers and residents. In addition, French-speaking individuals with neurocognitive disorders, who do not always understand where they are and the rules of the facility, find it more difficult to be reassured by English-speaking care providers, which can lead to behavioural problems and increased use of medication.

The most common strategy used to overcome communication challenges that arise despite the usual communication strategies described above is to rely on colleagues (staff members or volunteers) who are fluent in both official languages or on residents' family members, followed by the use of technological translation tools.

« There are times when they've called me about a resident who was at the door, angry. She wants to go out, go out, go out. And she doesn't want to listen to people who speak English. (CP-12, D, Transl.) »

Theme 4. Improving French-language services

AREAS FOR IMPROVEMENT

Designated LTC homes

- The respondents acknowledged that their institutions already offer services in French, but also pointed out that this offering could be improved.
- Among the elements identified to improve the delivery of French-language services are the intensification of bilingual staff recruitment (including, in one case, ensuring that a Francophone person is present in the activity coordination position), offering language training to individuals whose French communication skills are not optimal, organizing more recreational activities in French, increasing access to therapeutic materials and management software in French, and greater involvement of the Francophone community in the life of the homes.

Identified LTC homes

- Improving French-language services in these homes relies on several levers, including the implementation of language training policies, investments in digital translation technologies, reconfiguration of units to create spaces dedicated to French-speaking residents, and more systematic strategies for pairing bilingual staff and assigning bilingual workers to French-speaking residents.
- Grouping French-speaking residents on the same floor or in the same area of the home is considered a promising practice for promoting more targeted French-language services and encouraging a more dynamic social life.

« I've always wanted to mention that it would be nice to have a group of French ladies together on a Saturday. [...] I mean, you got one French-speaking lady on one floor, maybe two, and then there's some on another floor, and another floor, and it would be so nice to get them together. [...] Maybe more of that should be happening. Like a French women's club or something. (CP-4, Id) »

Unidentified LTC homes

- As managers, care providers recognize that French-language services could be improved in their institutions, even though they have a small number of French-speaking residents and limited resources. The first step would be to raise awareness of the need.
- Currently, improving French-language services relies mainly on hiring bilingual staff. Recruiting bilingual volunteers is also being considered as a support strategy.
- One respondent mentioned the possibility of using volunteers to offer free language training to staff.

« If we have some volunteer services that would provide French-language education, we would certainly, you know, talk to human resources and facilitate that. (CP-1, NI) »

FACTORS LIMITING THE IMPROVEMENT OF FRENCH-LANGUAGE SERVICES

Finally, the obstacles that would prevent the improvement of French-language services do not differ significantly from those mentioned by managers:

- The shortage of staff, particularly qualified staff (all categories of homes).
- Insufficient language training, due to lack of funding or excessive workloads preventing staff from being released to participate (particularly in identified and unidentified LTC homes).
- The lack of investment in digital technologies, whether for translation/interpreting applications or for the translation into French of computerized care or activity programs available in English, such as *Monthly Care*, *DementiAbility*, etc. (particularly in identified and unidentified homes).
- Weaknesses in coordination across the various actors in the healthcare system, as well as gaps in terms of partnerships and collaboration (all categories of homes).
- A limited number of French-speaking residents, which does not justify providing more French-language resources (unidentified homes).
- Insufficient involvement of the Francophone community. According to some care providers, Francophone organizations do not fully understand the role they can play in providing access to services in French, given their in-depth knowledge of Francophone communities (a point raised by care providers from designated LTC homes).



Often, they [the homes] will say that they would like to have French speakers, but people have to volunteer... (CPV-11, D, Transl.)



PART 4. THE PERSPECTIVE OF RESIDENTS AND THEIR FAMILY CAREGIVERS

Profile of interviewees

- A total of 17 participants (all women) were interviewed in this category. Of these, 15 were family caregivers and two were residents.
- The participants came from 10 different homes, distributed as follows: 2 in the Western region, 4 in the Greater Toronto Area, 5 in the Eastern region, and 6 in the Northeastern region.
- The participants came from four types of homes: one Francophone-oriented home (three participants); four designated homes (nine participants); two identified homes (two participants); and three unidentified homes (three participants).
- One resident described herself as a bilingual Francophone. Another resident, whose mother tongue was a non-official language, learned French as her first official language in Canada. In most cases, caregivers were bilingual. They reported on the experiences of residents who were bilingual but more comfortable speaking French, French speakers who understood little English or whose comprehension of English is reduced due to cognitive impairment.

Theme 1. Criteria for choosing a nursing home

The majority of those interviewed emphasized that it was important for themselves and for the resident to receive services in French, even though in some cases other priorities prevailed.

Francophone-oriented LTC home

- Caregivers with a resident in the Francophone-oriented LTC home mentioned that they chose this facility primarily because of the French language and culture.
- The choice of the LTC home was also influenced by its good reputation and favourable geographic location.

Designated LTC homes

- In some cases, the home was the only one available in the area of residence, and the family wanted to keep the resident in their usual living environment.
- Other families prioritized geographical proximity to loved ones.
- Finally, for some families, the choice was made based on the facility positioning itself as bilingual or offering French-language services.

Identified LTC homes

- For the identified homes, the choice of the facility was mainly influenced by geographical factors.
- In most cases, the proximity of the home or the fact that it was the only facility available in the region determined the family's decision.

Unidentified LTC homes

- For two caregivers, the choice of an unidentified home was explained by the lack of a Francophone-oriented or designated LTC home in the region where the older adult lived or the lack of availability in other LTC homes in the desired region and the obligation to accept the first available place.

- In another case, priority was given to a specialized facility for people with neurocognitive disorders, to the detriment of the linguistic dimension.

« *In all the choices, there wasn't really a choice for language. So, it wasn't even a consideration. (FC-9, NI, Transl.)*

So no, [language] wasn't a consideration because we had to choose the first place. Like, we had to say "yes" to whatever they gave us. You don't have a choice. Otherwise, you go to the bottom of the list. (FC-7, NI, Transl.) »

Theme 2. Offering of French-language services in their homes

LANGUAGE OF INTERACTION WITH STAFF

Francophone-oriented LTC home

- In this home, the individuals interviewed said that all the staff spoke French and that care was provided in that language.
- The staff was very multicultural, which, according to the participants, could sometimes lead to comprehension difficulties due to the diversity of accents, particularly for residents.

Designated LTC homes

- In one of the designated homes, the participant indicated that all staff were bilingual and that the majority of residents were also bilingual.
- In other designated homes, respondents mentioned that some staff members spoke French. As a result, residents did not always receive services in French, which could lead to communication and comprehension challenges.

« *How could my mother really understand the nurses who were purely English-speaking? [...] It's more than just taking blood pressure and temperature, and saying hello [Name of person], how are you? "Very good, thank you". That was my mother's response. It was a parrot-like response, and for them, that was good enough. (FC-3, D, Transl.)*

Identified LTC homes

- In one identified home, the caregiver mentioned that, although the region is generally quite bilingual, not all of the staff were bilingual. She specified that several nurses and PSWs spoke French, but that the doctor spoke only English.
- In another identified home in the same region, the caregiver mentioned that the doctors were English-speaking and that approximately 30% of the PSWs could communicate with the resident in French.

Unidentified LTC homes

- In these homes, French-language services were infrequent. The staff was predominantly English-speaking, which limited Francophone residents' access to care in their preferred language.



As her dementia progressed, my mother had difficulty communicating... when she started speaking French again, they would say to her, "Speak English, no French." (FC-6, NI, Transl.)



LANGUAGE OF SOCIALIZATION

Francophone-oriented LTC home

- In this type of home, participants indicated that socialization and leisure activities took place exclusively in French. Residents also communicated with each other in French, thereby promoting an authentic and consistent French-speaking environment.

Designated LTC homes

- The language of socialization varied depending on the home.
- In a home, all recreational and spiritual activities were conducted in French, reflecting a strong commitment to the French language.
- In another home, participants emphasized that the recreation department was very active, offering many activities that were generally bilingual. However, one caregiver mentioned a recent change in staff, leading to a significant increase in the use of English. She also noted that the television was often tuned to an English-language channel.
- In two homes, there were few activities offered in French.
- Generally, residents had the opportunity to communicate in French with other residents.

Identified LTC homes

- In the two identified homes, the situations reported by caregivers were contrasting.
- In one of the homes, the caregiver indicated that the recreation staff was mostly bilingual, which facilitated access to activities. The resident had also befriended another French-speaking resident.
- In the other home, however, the caregiver pointed out that the resident did not have the opportunity to socialize with other French-speaking residents, which limited her interactions in her mother tongue. Mass was generally the only activity that took place in French.

Unidentified LTC homes

- In these homes, residents had little or no opportunity to socialize with other French-speaking residents.
- There were also few or no recreational activities offered in French, which limited opportunities for interaction in their first language.



So sometimes I complained [...] could you maybe put on a French movie or French music on the television? And the answer was that the others wouldn't understand [...] So often when I was there, I would change the station sometimes and put on a concert in French. And everyone loved it. Older people seem to like music, even if it's in another language. (FC-9, NI, Transl.)



INSTITUTIONAL STRATEGIES FOR PROVIDING SERVICES IN FRENCH

Francophone-oriented LTC home

- The caregivers at this home highlighted several best practices that promote high-quality French-language services. These include signage and communications in both official languages; the use of alternative words or visual and gestural aids to improve understanding when accents pose a challenge; the integration of elements of French Canadian culture, adaptations that reflect cultural diversity in French-speaking residents and staff (such as music and menus representative of different cultures), and the home's partnership with a regional college offering health studies programs in French.



So, there are more French-speaking people who come from other cultures, and we try to have days where there is more choice in terms of food from other cultures. Then they will have a day for Haitian music, for example, because the residents will get to know the staff who come from other cultures. (FC-5, FOH, Transl.)



Designated LTC homes

- The participants in these homes mentioned several strategies that have been implemented: a new pairing system that aims to pair, as much as possible, a French-speaking PSW with an English-speaking PSW within each team; a partnership between the region's health services and an adult education centre to offer French as a second language courses to staff; a new training on active offer; efforts by minimally bilingual staff to say certain words in French; the use of visual aids to facilitate communication; and a translation service available in one of the LTC homes.

Identified LTC homes

- Efforts were reported in a facility run by a French-speaking director, particularly in terms of recruiting bilingual staff. This same home also offered French-Canadian menus, thereby contributing to the recognition and promotion of the linguistic and cultural diversity of its residents.

Unidentified LTC homes

- In this category of homes, participants reported no specific institutional strategies to support the provision of services in French.

SATISFACTION WITH THE LANGUAGE OF SERVICES

Francophone-oriented LTC home

- Participants whose loved ones resided in the Francophone-oriented LTC home indicated high levels of satisfaction with the services provided. They were particularly pleased that residents could live in French and that all staff were French-speaking.

Designated LTC homes

- Expectations for French-language services were higher in designated homes than in identified and unidentified homes. Participants' satisfaction varied depending on the home's ability to meet these expectations.
- One caregiver was pleasantly surprised that everything was conducted in French and that all the staff spoke French at the home where her loved one resided.

- Other caregivers were less satisfied, even disappointed, by the lack of language awareness and the limited availability of services in French. They often had to advocate and insist that the resident be able to receive services in French.
- In another home, satisfaction with French-language services varied. One participant said she was satisfied with the coexistence of both official languages, while another expressed concern about the lack of French-language services. The other two participants did not provide details about their satisfaction.

« I saw that too often, Mom could have had a bilingual nurse, but she didn't because she was caring for an English speaker. (FC-3, D, Transl.)

And I was often frustrated, disappointed that there was sometimes a lack of awareness, a lack of active offer. And it's exhausting to always have to ask... (FC-1, D, Transl.) »

Identified LTC homes

- In these homes, participants expressed some dissatisfaction with the language of services but did not provide further details on this subject.

Unidentified LTC homes

- In these facilities, participants expressed dissatisfaction with the provision of services in French.

Regardless of the language spoken in the LTC homes, some caregivers expressed concerns about a lack of communication between the home and families, pointing out that they only received communications in the event of serious incidents.

Theme 3. Language challenges and critical incidents

Francophone-oriented LTC home

- No incidents were reported by caregivers whose loved ones lived in the Francophone-oriented home.
- However, one caregiver pointed out that some residents sometimes had difficulty understanding the accents of staff members with immigrant backgrounds, even though they were French speakers.

Designated LTC homes

- Caregivers in one home reported incidents that occurred due to language barriers, including:
 - When a resident fell, a caregiver wondered how the unilingual English-speaking nurse was able to assess the situation, other than by taking vital signs.
 - Another caregiver reported being called several times when her mother had difficulty understanding instructions provided by staff.
- Other incidents, although not directly related to language, were mentioned, particularly in relation to attitudes perceived as overly direct on the part of staff or a lack of training on neurocognitive disorders.

« They had to call me up a couple of times to go over because Mom didn't want to go to bed or she didn't want to put on her pajamas. [...] They had trouble expressing themselves. Well, they spoke English properly, but Mom didn't understand what was going on. (FC-2, D, Transl.) »

Identified LTC homes

- One participant reported an incident in which an assessment of her mother's behaviour, who is French-speaking and has neurocognitive disorders, was conducted in English. This situation raised concerns about the validity of the assessment and the consideration of language in care

Unidentified LTC homes

- A caregiver observed that the PSWs seemed very tired, which could increase the likelihood of critical incidents. She pointed out that stress, excessive workloads, and fatigue increase risks, especially when language barriers are present.
- Another caregiver shared a difficult experience during the COVID-19 pandemic, when she was asked to provide direct assistance to French-speaking residents at the home to compensate for the shortage of French-speaking staff.



And they called me [...] to go over to take care of my mother because there was no one else who could communicate with her. But that was asking something of me that I couldn't do, and I'm still seeing a therapist because of the trauma I experienced during those two months when everyone was dying. (FC-9, NI, Transl.)



Theme 4. Improving French-language services

AREAS FOR IMPROVEMENT

Francophone-oriented LTC home

- Caregivers emphasized the importance of maintaining French-language services and valuing family participation in this process. They insisted on the need to demand high-quality French-language services, highlight best practices, and raise staff awareness about the use of more accessible and universal French.

Designated LTC homes

- Caregivers in designated homes expressed the need for more bilingual employees, including doctors and managers. They also recommended offering language training to non-bilingual staff, clearly identifying bilingual staff, and systematically monitoring the bilingualism level of newly hired staff.



I think it was really important to have more staff who speak French, and not just the people... the personal support workers, but also those who are part of the management team, because if the management team doesn't understand the importance, then they won't put any effort into recruiting bilingual staff... (FC-10, D, Transl.)

They may make an effort to hire someone, but there is no follow-up... it is not explained to the employee. You are hired because you can speak French, because we have residents who need that. (FC-10, D, Transl.)



- They also emphasized the importance of increasing the number of French-language activities for residents, more effectively pairing Francophone residents with bilingual staff, introducing mandatory training on French-language health services and active offer, providing translation or information resources in French for families, and revising the admission questionnaire to clarify residents' preferred official language.

Identified LTC homes

- Caregivers put forward several priorities for improving French-language services in the identified homes: increasing the number of bilingual staff members, raising staff awareness of the importance of actively offering services in French, providing opportunities for French training and practice, providing adequate translation resources, and organizing more activities in French for residents.

Unidentified LTC homes

- The participants in these homes expressed priorities similar to those of other home categories: increasing the number of French-speaking or bilingual staff members, offering more activities, music, or movies in French, clearly identifying French-speaking residents (e.g., a sign on the door) so that they are systematically addressed in French, and recruiting members of the French-speaking community to visit seniors and interact with them in their language.



...I would like a permanent sign [...] on her wall or something to indicate that she is French-speaking. [...] I don't know how it could be installed so that they really pay attention to it. [...] something laminated, you know, "I speak French, speak to me in French"... (FC-7, NI, Transl.)



FACTORS LIMITING THE IMPROVEMENT OF FRENCH-LANGUAGE SERVICES

Francophone-oriented and designated LTC homes

- Concerns have been raised about the implementation of the Better Care and More Beds Act, 2022, particularly with regard to the requirement that individuals hospitalized while awaiting placement accept the first available spot, often at the expense of their language preferences.
- Participants identified several obstacles to enhancing French-language services in designated LTC homes, including a shortage of staff in general and bilingual staff in particular, as well as a reduced number of volunteers since the COVID-19 pandemic; low priority given to bilingualism during recruitment; frequent staff turnover or rotation systems; and a lack of clear identification of bilingual staff.

Identified and unidentified LTC homes

- Caregivers reported several obstacles, including staff shortages and excessive workloads for existing teams. They also highlighted the difficulty of requesting services in French in regions where the French-speaking population is small, and in a context where access to care is critical. Finally, some mentioned challenges related to health services in general, regardless of language.

Theme 5: Participation in the Family Council and engagement in the Francophone community

Francophone-oriented LTC home

- The three participants from the Francophone-oriented home were very involved and actively participated in the Family Council, whose meetings were held in French. Communications and minutes were also written in French.
- They considered themselves privileged because their loved ones resided in a facility where language was not an issue. One of them was also a member of the quality assurance committee.

Designated LTC homes

- Four of the nine participants in this category of homes were members of the family council of the home.
- In one of the designated homes, there are two Family Council meeting groups, one held in French and the other in English, which allows French speakers to feel comfortable expressing themselves in French.
- In another designated home, meetings were held in English, but everyone could express themselves in the official language of their choice. Minutes could theoretically be translated, but it took much longer to obtain them in French.
- Participants from designated LTC homes in the Northeast region were particularly committed and vocal advocates for French-language services.

Identified LTC homes

- In one identified home, a family caregiver was actively involved in the Family Council. Meetings were held in French when all members were French-speaking but switched to English when a unilingual English speaker was present.
- The minutes and communications of the Council were available in both official languages.
- This caregiver was particularly committed and advocated for improving the quality of care in French for her mother.

Unidentified LTC homes

- Of the three caregivers in this category, only one was actively involved in the Réseau francophone des conseils de familles de l'Ontario (Francophone Network of Family Councils of Ontario).
- Another described herself as a Franco-Ontarian activist but expressed the difficulties of advocating for French-language health services in the western region due to the low density of the French-speaking population.

PART 5. THE PERSPECTIVE OF FRENCH-LANGUAGE HEALTH PLANNING ENTITIES

We met with key contacts from FLHPEs to gather their perspectives on French-language services in long-term care. The main purpose of these interviews was to better understand the factors that facilitate the designation of long-term care homes, as well as the obstacles associated with it. They also provided an opportunity to explore innovative practices implemented in the regions covered by each FLHPE, as well as regional priorities identified to improve the provision of French-language services.

Theme 1. The *French Language Services Act* and long-term care homes

ISSUES AND CONSTRAINTS OF THE DESIGNATION PROCESS AND THE PROVISION OF FRENCH-LANGUAGE SERVICES

- The designation process is perceived as complex by many identified homes, both administratively and legally. Although some facilities have been identified for more than 30 years, few have initiated the required steps to obtain designation. In 2019, only 18 homes out of nearly 600 in Ontario were designated (Réseau des services de santé en français de l'Est de l'Ontario, 2020b).



Then there are also... among those who are identified and who want to work toward designation, there are some who feel no urgency and who will remain identified for a very, very long time. Even if we agree that it should be a process that takes about three years, they can remain identified for a very long time without going beyond that. [...] these organizations that have been waiting for 30 years and still haven't done anything will not advance the cause of Francophones. (KC-5, Transl.)



- Designation is recognized as a means of strengthening the effective provision of services in French, but it is not considered a priority by many homes. Because homes must maintain their capacity once designated, many are reluctant to apply for designation for several reasons, including the administrative burden associated with the designation process and the reluctance to take on additional obligations when there is no mechanism to compel healthcare organizations to obtain this designation.



So, you know, there's the whole carrot and stick issue [...] There's nothing coercive to force providers to move toward designation. (KC-2, Transl.)



- This hesitation is amplified in a context where increasing (or even maintaining) the supply of services in French is limited by various obstacles, including:
 - a. the persistent shortage of bilingual staff and the challenges associated with recruiting them;
 - b. the complexity of managing beds for Francophones, particularly since the enactment of the Better Care and More Beds Act, 2022;
 - c. the lack of collaborative structures between LTC homes;
 - d. insufficient funding to support initiatives.
- These challenges are exacerbated in regions with low French-speaking populations, where bilingual human resources are limited. Furthermore, the isolation of many LTC homes hinders the implementation of regional consultation mechanisms and the sharing of resources to provide French-language services where they are needed.

- In this context, FLHPEs play a key role in fostering links between care organizations, particularly through forums and community meetings, and as well as providing direct support to LTC homes.

Theme 2. Innovative practices promoting the provision of French-language services

The innovative practices observed in LTC homes stem from synergies between key players in the system: Ontario Health, long-term care homes, FLHPEs, and the Francophone community. These collaborations take the form of partnerships, formal agreements, the creation of resources adapted to French, and organizational adjustments aimed at improving how French-speaking residents are welcomed and the services they receive.

Among these practices are:

- Partnerships with postsecondary institutions, such as Collège Boréal and La Cité, which enable clinical internships and visits by French-speaking healthcare students to LTC homes. These partnerships facilitate the recruitment and integration of French-speaking or bilingual graduates into the workforce of LTC homes.
- The development of support tools by FLHPEs, including active offer kits, which are perceived as high-quality and transferable resources.
- The creation of Francophone areas within nursing homes, such as Francophone wings or units, which is recognized as a promising model for meeting the linguistic and cultural needs of Francophone residents.
- Identifying and supporting “champions” of French-language services within LTC homes is a key strategy, particularly in order to support efforts toward official identification or designation.



The best approach for us is to work with champions, with people who say, “Well, we’re not identified, but if you identify us, we have no problem with that!” Then, since they accept help and want to collaborate, they ask us to connect them with the French-speaking community. (KC-2, Transl.)



- The mobilization of the Francophone community promotes the creation of new places dedicated to Francophones. This mobilization takes various forms: fundraising campaigns, identification of best practices, and raising awareness among Francophone seniors to stimulate demand for homes where French-language services are available.



There really needs to be that connection with the community, working with seniors’ groups, with FARFO... to ensure that there is acceptance... and that the beds are occupied, that people ask to go to these homes, that Francophones ask to go to these homes. (KC-2, Transl.)



These initiatives demonstrate that effective, structured practices can emerge when partners work together, focusing on language, culture, and quality of care.

Theme 3. Improving French-language health services: identified priorities

Among various suggestions for improvement, three major priorities emerged from discussions with FLHPE key contacts: a) adjusting the number of designated beds to the size of the Francophone population, b) nurturing ties with the Francophone community, and c) ensuring access to qualified bilingual staff.

ADJUSTING THE NUMBER OF DESIGNATED BEDS: GOVERNMENT SUPPORT AND LOCAL ACCOUNTABILITY

The FLHPE emphasizes the importance of active support from the Ontario government in the process of designating homes. They stress that there should be a number of designated beds proportional to the Francophone population. They also insist on the need for a concrete commitment from the LTC homes themselves, in particular by:

- Integrating active offer into their internal policies.
- Implementing structural measures that promote French-language services.



And then, of course, that should be the first [priority], in fact: [...] to create a number of beds that is proportional to the French-speaking population. (KC-2, Transl.)

We need to make sure that we identify organizations so that all regions have options for long-term care centres that offer services in French. (KC-3, Transl.)



STRENGTHENING TIES WITH THE FRENCH-SPEAKING COMMUNITY

A closer link between LTC homes and the Francophone community is considered essential for:

- Increasing the visibility and dissemination of existing resources in French (e.g., designated or identified homes, home care in French).
- Raise awareness of the language rights of residents and families.
- Mobilize families, volunteers, and community stakeholders in the continuous improvement of French-language services.



The priority is to engage the community so that it is informed [...] inform the community and engage it because all the programs that are being developed will not be successful if Francophones are absent. (KC-3, Transl.)



ACCESS TO BILINGUAL STAFF: RECRUITMENT, IDENTIFICATION, AND RECOGNITION

Access to bilingual staff remains a crucial issue. The following avenues are proposed:

- Systematic identification of staff language skills in LTC homes.
- Ongoing language training, particularly for staff in direct contact with residents.
- The use of visual aids to identify bilingual staff members, such as “I speak French” pins.
- Financial or professional incentives to attract and retain bilingual workers, particularly in regions with low French-speaking populations.

In addition to these three major priorities, FLHPEs’ key contacts emphasize the need for evidence to support these efforts. They recommend conducting targeted studies to better understand:

- The specific needs of French-speaking seniors.
- Their preferences in terms of long-term care.
- The particularities of an increasingly diverse aging population.

PART 6. MAIN FINDINGS OF THE STUDY

The objective of this study was to better understand the healthcare experience of Francophones residing in long-term care homes in Ontario and to identify the similarities and differences between the four categories of homes: Francophone-oriented, designated, identified, and unidentified. The main findings are presented below.

DIFFERENCES AND SIMILARITIES BETWEEN THE FOUR CATEGORIES OF HOMES

There are significant differences between home categories:

- Designated and Francophone-oriented homes stand out for their greater capacity to provide services in French, supported by a predominantly bilingual staff and an organizational culture that encourages active offer. These homes can offer services in French at different times of the day and in various areas of the facility. However, despite their status, certain limitations remain: French-language services are sometimes less available in the evenings and on weekends, or are interrupted due to staff turnover and a lack of bilingual replacements.
- In the identified homes, although French-language services are only partially available, compensatory strategies are in place, such as pairing bilingual staff with unilingual colleagues or working in teams to meet the language needs of French-speaking residents.
- In unidentified homes, services are mainly provided in English. The capacity to offer services in French is limited, although some LTC homes have expressed an interest in improving their services, particularly by recruiting bilingual staff or through ad hoc initiatives.

Despite marked differences between Francophone-oriented, designated, identified and unidentified homes, the following similarities were observed with regard to the provision of services in French:

- Upstream linguistic identification of residents: All homes receive information on the linguistic ability or preference of residents prior to admission, although the quality and accuracy of this data may vary.
- Shared awareness of the importance of language: managers and care providers recognize the importance of language in a long-term care setting, as well as the possible effects of neurocognitive disorders on the ability to express oneself in a second language.
- Common strategies for overcoming language barriers: All LTC homes implement various strategies to address language challenges and prevent critical incidents. The use of informal interpreters (family members, colleagues, practicum students, volunteers) is a widespread practice, particularly in identified and unidentified LTC homes.
- Resources used: The use of reminder cards containing common terms in both official languages, bilingual displays of residents' routines, translation apps, and two-way translation/interpretation devices is common, particularly in identified and unidentified homes.
- Franco-Canadian culture: Recreational or food-related activities that highlight Franco-Canadian culture are present in Francophone-oriented, designated, and identified homes.
- Persistent effects of the pandemic: COVID-19 has hampered the implementation of the active offer due to competing priorities (e.g., temporary disappearance of "Je parle français" pins, neglected bilingual signage) and exacerbated staff shortages in the health sector. It also led to the withdrawal of volunteers, schoolchildren, and practicum students from the homes. These elements are only slowly being reinstated, although they contribute significantly to strengthening the capacity to offer services in French.
- Working conditions: Stress, fatigue, and staff overload—present in all categories of LTC homes—increase the risks associated with language barriers.

REGIONAL VARIATIONS

The study highlights marked differences between regions in terms of the ability of LTC homes to offer services in French:

- Homes located in regions with a larger French-speaking population (such as the East and Northeast) are generally more successful in hiring bilingual staff, which facilitates the provision of services in French.
- In regions with low French-speaking populations (e.g., Western Ontario or the Greater Toronto Area), even designated homes have difficulty maintaining consistent French-language services, mainly due to a lack of bilingual staff.

HOW CAN FRENCH-LANGUAGE HEALTH SERVICES BE IMPROVED?

Participants in all categories expressed similar views on the conditions necessary for sustainable improvement in French-language services, although some placed particular emphasis on specific aspects. The main points are:

- Increased awareness and accountability. Greater awareness among healthcare providers of the importance of French-language services is considered essential to strengthening their implementation.
- Strengthening active offer and referral practices. Restoring active offer practices that have somewhat declined since the COVID-19 pandemic (e.g., bilingual signage, wearing pins, greeting people in French) and improving referral mechanisms to identified or designated LTC homes are seen as essential levers to ensure high-quality French-language services.
- Access to technological resources and training. Frontline care providers in particular recommended:
 - increased access to translation and interpretation technologies, as well as French-language software and digital resources;
 - implementation of agreements with postsecondary institutions to train qualified French-speaking care providers.
- Mobilization of the community and families. Family caregivers and residents emphasized the importance of:
 - the active involvement of Francophone families in home councils and committees;
 - their role in advocating for and ensuring the continuity of French-language services.
- Strengthening intersectoral collaboration. The key persons from the FLHPEs emphasized the need for:
 - better coordination among the various actors in the healthcare system;
 - more effective centralization and dissemination of information on French-language resources;
 - strengthened partnerships between LTC homes, educational institutions, and the French-speaking community.

PART 7. CONCLUSION AND RECOMMENDATIONS

This study provided a better understanding of the central role of language in long-term care facilities. The narrative data collected highlighted the issues related to language barriers and their effects on both the quality of care and the social life of residents in LTC homes. Three main perspectives emerged:

- For managers, offering services in French promotes quality and safety of care.
- For frontline care providers, linguistic concordance promotes fluid communication, strengthens the relationship of trust with residents, and facilitates the development and delivery of care plans, especially for intimate care.
- For family caregivers, the presence of French-speaking or bilingual workers is reassuring and alleviates their own emotional and logistical burden, especially when their loved ones can only communicate effectively in French.

As for the variations noted in the provision of services in French, three salient points emerge from the analysis:

- Designated French-speaking homes are more likely to offer French-language services on a consistent basis.
- Certain conditions favour this offering (e.g., recruitment of bilingual staff, management commitment, community support), but several obstacles remain (staff shortages, administrative complexity, insufficient funding).
- Both identified and unidentified homes express openness to strengthening French-language services, provided that accompanying measures, training, and support are put in place.

The study gathered rich and diverse information thanks to the plurality of sources consulted. It resulted in a series of recommendations, organized according to the main target audiences.

FOR HEALTH AUTHORITIES

The recommendations for provincial and regional authorities concern:

- The designation process: simplify administrative procedures⁴, provide increased support to LTC homes wishing to initiate or complete the process, and examine the possibility of providing financial resources to offset the additional costs of certain measures (document translation, increased recruitment efforts, language training, among others).
- The role of French-language Health Planning Entities⁵: consolidate their mandate and strengthen their regional leadership capacity with regard to identifying the needs of Francophones and supporting homes moving from identification to designation.
- Identifying Francophone seniors and their language preferences: examining questions related to language (native language, preferred language, language used, etc.) in order to better understand the person's language needs at the time of admission as well as their future needs.
- Referral policies: improve the management and centralization of data on available French-language resources (including designated and identified LTC homes), upskill placement coordinators to actively offer the option of being referred to a home offering services in French, and ensure that LTC bed allocation procedures do not limit French-speaking individuals' access to designated beds⁶.

4 The modernization of the *French Language Services Act* plans to simplify this process (Ministry of Francophone Affairs, 2022).

5 The FLHPEs have been transferred to a new organization called the French Language Health Planning Centre (Government of Ontario, 2025). The recommendation remains relevant for this new centre.

6 In this sense, the pilot project announced in November 2024 (Jones, 2024; Radio-Canada, 2024) is a step in the right direction.

- Inter-agency collaboration: establish structured mechanisms to promote the exchange of practices that contribute to the provision of services in French, the pooling of resources, and mentoring between LTC homes.
- Professional online interpretation services: raise awareness of these services and ensure their accessibility for LTC homes.

FOR LTC HOME ADMINISTRATORS

Home administrators can play an active role in improving French-language services by:

- Strengthening existing practices and developing targeted strategies, particularly in human resources management (e.g., identifying bilingual staff, language pairing, strategic deployment of bilingual staff across all shifts, training staff in the active offer of French-language services).
- Promoting a healthy work environment that reduces stress and overload, which can exacerbate the risks associated with language barriers.
- Adopting sustainable strategies to address the shortage of bilingual staff, including language training, partnerships with French-language postsecondary educational institutions, targeted immigration, and financial or professional incentives to attract and retain bilingual workers.
- Using existing resources to enhance the offering of recreational activities in French (French-language television channels and radio stations, use of volunteers and local artists from French-speaking communities, among others).
- Participating in collaborative networks to develop and share French-language resources including administrative, educational and therapeutic written material or software. This networking would facilitate the exploration of resources used in other homes in Ontario or Quebec, as well as the formulation of requests for translation or cultural adaptation from material suppliers.
- Training staff in the use of professional online interpreting services and in identifying situations that would require the use of professional interpreters rather than informal ones to reduce the risk of critical incidents.

FOR THE FRANCOPHONE COMMUNITY AND FAMILY CAREGIVERS

Community and family members play an essential role that deserves to be recognized and supported in the following ways:

- Raising awareness among members of Francophone communities: Community stakeholders can help families make informed choices by raising awareness about the impact of language barriers on quality of life and safety of care in LTC homes, as well as about resources offering services in French.
- Advocacy and awareness-raising among decision-makers: Community stakeholders must continue to demand high-quality French-language services and raise awareness among LTC homes about the importance of linguistic concordance.
- Citizen participation: Members of Francophone communities, including family members, can actively participate in LTC home's governance bodies (family councils, quality committees, boards of directors) and collaborate in the implementation of local initiatives to improve French-language services.
- Monitoring and support: Families and caregivers play a key role in helping seniors defend their language rights and find practical solutions to the issues they face.

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